

Status	Date	Medication	Dose	Number
Using	04/01/2000	Amoxicillin	500mg	30
Using	01/01/2000	Zithromax	1	20

▼ Chief Complaint / Hx

Chief Complaint Back pain
 Location Lower back
 Quality achy; spasmy
 Severity moderate
 Duration 1 month
 Timing constant
 Context occurred after ?
 Modifying Factors better with standing
 Associated pain down back of leg?
 Signs/Symptoms
 Dictated HPI: 45 yo Meds reviewed.
 Back as in template.

▼ Review of Systems

General-follow up

Use Profile

General

Weight Gain/Loss none; zxc ; jjlk
 Fatigue none
 Night Sweats

Skin

Eruptions/Rashes none
 Itching/Jaundice none
 Changes in
 Pigment/Texture
 Abnormal
 Nails/Psoriasis

Head

Headache none
 Dizziness none
 Head Trauma

Ears

Hearing Defect
 Earache
 Tinnitus
 Discharge from Ear

Eyes

Changes in Vision
 Inflammation
 Diplopia

Nose

Epistaxis
 Discharge
 Chronic Sinusitis

Lacrimation

Mouth

Condition of
Teeth/Dentures
Persistant Sores
Sore Throat
Dysphagia
Hoarseness

Breasts

Masses
Tenderness
Discharge

Cardio

Chest Pain/Angina	none
Heart Failure	
Heart Attacks	
SOB	none
PND	none
DOE	none
Orthopnea	none
Palpitation	none
Edema	none
Murmurs	
Varicosities	

G.U.

Kidney infections	
Stones	
Bladder infections	none
Difficulty/Burning on urination	none
Frequency Urination	none
Hematuria	
Bladder Discharge	none

Musculoskeletal

Pain/swelling in joint or
muscle
Weakness
Pain in legs
Sores on feet or limbs
Rheumatism
Gout
Phlebitis/Clots
Fractures

Neurologic

Seizures
Fainting
Speech difficulty
Gait

Paralysis

Neck

Swellings

Tenderness
Stiffness
Thyroid/Goiter

Respiratory

Chronic cough/Asthma	none
SOB	none
Hemoptysis/Chronic rhinitis	
Pleurisy	none
History of pneumonia	

G.I.

Change in appetite	
Nausea	none
Vomiting	none
Diarrhea	none
Constipation	
Hematemesis	none
Melena	none
Change in stools	none
Hemorrhoids	
Hernia	

Reproductive

Gravida / Para / AB
LMP
PMP
Menses onset/regularity

Menopause
Discharge
Contraception
Sexual Function
Impotence

Hematologic

Anemia	
Transfusions	
Bruises	
Bleeding disorder	
Lumps	none
Sickle Cell	

Psychiatric

Depression	none
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Allergic/Immunologic

History of Hives,
unknown cause

Memory loss/tremor

▽ Physical Examination

Constitutional

BP Sitting/Standing
BP Spine
Pulse Rate/Regularity
Respiratory Rate
Temp
Weight
Height
Development/Nutrition/Body medium build
Habitus
Deformities/Attention to clean
Grooming

Ears

External/Canal Rt no lesions
External/Canal Lt no lesions
TM Rt no inflam
TM Lt no inflam
Hearing normal to whisper

Mouth

Lips/teeth/gums nor. mucosa
Mucosa/Salivary glands/Parotid gland no swelling
Hard/Soft palate no lesions
Tongue/Tonsils/Posterior pharynx no lesions

Thorax

Symmetry/Dimensions symm.
Lungs/Tracheal position/crepitus trach midline; no crepitus
Palpation
Percussion nor. resonance
Auscultation clear

Cardiovascular

Palpation of Heart no heave thrill
Auscultation of Heart RR

Abdomen

Exam w/notation of any masses/tenderness no masses; no tenderness
Exam of liver and spleen nor size
Examination of the aorta no swelling
Examination for presence/absence of hernia no hernia
Exam of anus/penneum/rectum/sphincter tone nor rectal

Head

Description no deformities
Eyes
Lids no lesions
Conjunctivae no injection
Sclerae no icterus
Cornea clear
Iris/pupils equal reactive
Lens clear

Fundi disc sharp; vessels normal

Nose

Mucosa no lesions
Septum/turbinates no swelling

Neck

Masses/Appearances/Symmetry sym.; no lesions
Bruit/JVD none

Thyroid nor. size; no nodules

Limbs

Carotid rt/lt no bruit
Brachial rt/lt nor pulse

Radial rt/lt nor pulse
Femoral rt/lt nor pulse
Popliteal rt/lt
DP rt/lt nor
PI rt/lt nor
Edema none
Varicosities/petechiae minimal

Breasts

Inspection symm
Palpation no lumps

Genitalia Male

Scrotal Contents Exam

Testes/Epididimus no masses

Cord and Canal no masses
Exam of Penis no lesions
Digital rectal exam of prostate nor texture; no nodules

Presence of
hemorrhoids / rectal
masses no mass
Stool for occult blood neg

Genitalia Female

Extrenal genitalia (vulva)/
vagina no lesions
Urethra / Meatus
Examination of urethra no lesions
Examination of bladder
Cervix no lesions
Uterus nor size
Rectal
Adnexa/Parametria no swelling; no
tenderness
Anus / perin

Exam of Hand and Neck

Inspection/palpatation no swelling
ROM nor
Stability no temor
Muscle Strength and
Tone nor tone

Exam of Right Upper Extremity

Inspection/palpatation no tenderness
ROM nor ROM
Stability no deformity
Muscle Strength and
Tone nor tone

Exam of Right Lower Extremity

Inspection/palpatation no tenderness
ROM nor ROM
Stability no deformity
Muscle Strength and
Tone nor tone

Skin

Inspection no lesions
Palpatation no lumps

Neurologic - Cranial Nerves

1st: olfactory nor snell
2nd: optic vision clear
3rd: occular motor nor ROM
4th: trocheal (superior
oblique) nor ROM
5th: trigeminal
(sensory/motor) nor sensation
6th: abducens (lateral
rectus) nor ROM

Lymphatic Nodes

Neck no swelling
Axillae noswelling
Groin no swelling
Other

Musculoskeletal

Exam of gait and station nor gait
Inspection/palpatation of
digits noswelling
Inspection/palpatation of
nails no lesions

Exam of spine, ribs, and pelvis

Inspection Palpatation no posture
ROM w/notation of pain/
age appropriate ROM
crepitation/contracture
Stability w/notation of any
dislocation no dislocation
Muscle Strength and
Tone no tone

Exam of Left Upper Extremity

Inspection/palpatation no tenderness
ROM nor ROM
Stability no deformity
Muscle Strength and
Tone nor tone

Exam of Left Lower Extremity

Inspection/palpatation no tenderness
ROM nor ROM
Stability no deformity
Muscle Strength and
Tone nor tone

Cerebellar

Finger to Nose nor
Heel to shin nor
Rapid alternating
movements nor
Romber nor
Reflexes symm
Bi C5, 6, 6 rt/lt nor

7th: facial	nor motor facial	Prto C6, 7, rt/lt	nor
8th: auditory	nor hearing	Tri C7, 8 rt/lt	nor
9th: glossal pharyngeal	nor swallowing	Quad L2-4 rt/lt	nor
10th: vagus		Ach L5-S2 rt/lt	nor
11th: accessory		Plantar rt/lt	nor
12th: hypoglossal		Superficial	
Sensory	symm; nor	Brainstem	
Touch		Jaw	
Pain		Gag	nor
Pressure		Light	
Vibratory		Psychiatric	nor MS
		Discription of pt's judgement and insight	

Mental Status

Assessment

Orientation of time, place, and person A&O x3
Recent and remote memory nor
Mood and affect nor
Notes:

▼ Assessment/Plan

Treatment Ordered

Visit CPT Code/Charges *Hold down <ctrl> key and click to select multiple entries*
99214 - Office or other outpatient visit for the evaluation and mana
Charge \$80.00
Diagnosis 401.9 --UNSPECIFIED ESSENTIAL HYPERTENSION, 714.0 --RHEUMATOID ARTHRITIS, 715.90--
OSTEOARTHRITIS- UNSPECIFIED WHETHER GENERALIZED OR L
Record Daignosis to Face No
Sheet
In-House Procedure Codes 20605 - Arthrocentesis aspiration and/or injection intermediate join
Charge \$85.00
Outside Procedure Codes 80004 - Electrolyte Panel, 80012 - Comprehensive Metabolic Panel BJC-
Department of Labs 1-800-654-4383
Medication Prescribed Amoxicillin-500 mgs-po-TID-#30 Walgreen's-Des Peres
Complaint Profile I
Notes
Discount 0
Visit Payment 10
Total Charges **165**
Time til Next Visit 1 Month
RA; Start MTX.; URI
Data Reviewed by: